



paraloan

NZ PARAPLEGIC & PHYSICALLY DISABLED FOUNDATION

APPLICATION FOR SPECIAL PURPOSE LOAN

PLEASE READ THESE NOTES BEFORE FILLING IN THE FORM

1. You are advised not to enter into binding obligations until the loan has been approved.
 2. All appropriate questions should be answered as delays may occur if all relevant information is not supplied.
 3. Please note that your application is to be supported by a Doctor's Certificate.
 4. For motor vehicles or housing loans use special application forms provided.
 5. Business loan applications must be accompanied by a copy of the Annual Accounts of the last two years, or if a new project, budget and Cash Flow Statements for the first two years.
- N.B. All legal costs associated with the preparation of securities for this loan (if approved) will be deducted from the total advanced. Allowance for Legal Costs can be added on to the loan if desired.

1. Full name: Tel.:
(Applicant's surname followed by first names) (Business) (Private)

2. Address: Email:
.....

3. Purpose for which required: (e.g. type of business, debt repayment, etc.)
.....
.....

(Continue on separate sheet if necessary)

4. Total cost of project	\$.....	(attach full details)
Admin. & documentation fee (\$100.00)	\$.....	
Less own cash contribution	\$.....	
Less other sources	\$.....	
Amount of loan required from Foundation	<u>\$.....</u>	

5. Term of repayment requested: years. Monthly repayments: \$

6. Security offered for loan:

7. Project / Business will be insured with: (if applicable)

8. Accountant's name and address:
.....

9. Name and address of bank:
.....

10. Solicitor to be instructed: (if applicable)

Of:

Address:

(continues next page)

STATEMENT OF PERSONAL CIRCUMSTANCES OF APPLICANTS

11. Nature of Disability:
(To be supported by Doctor's Certificate)
12. Cause of Disability (i.e. motor accident, sickness, etc.):.....
13. Date from which Disability suffered:
14. Name and Address of Doctor:
15. (a) Have you received, or do you expect to receive,
any compensation for the injury, if caused by accident?
- (b) If yes, please state amount: \$
16. If you are a member of any organisation(s) for the disabled, give name(s):
17. (a) State names of any other organisations or Government agency to whom application for assistance has been
made in the last 5 years, including any current application:
- (b) If yes to above, give details of assistance granted (date and amount):
18. Marital status: Date(s) of Birth/...../.....
(Applicant's) (Partner's)
19. Children and/or dependents who will be living with you:
- | (Name) | (Age) | (Relationship) | (Extent of dependency) |
|--------|-------|----------------|------------------------|
| | | | |
| | | | |
| | | | |
20. Employer: Period of present employment:
21. Income:
- | | Weekly earnings at
time of application | Total received during
past twelve months |
|---|---|---|
| Applicant's Gross Income from Work | \$..... | \$..... |
| Partner's Gross Income from Work | \$..... | \$..... |
| Accident Compensation | \$..... | \$..... |
| Sickness of other Social Welfare Benefit | \$..... | \$..... |
| Other income from (e.g. Interest/Investments) | \$..... | \$..... |
| | \$..... | \$..... |
| TOTALS | \$..... | \$..... |
22. ASSETS (including partner's) LIABILITIES (including partner's)
- | | | | |
|--|----------|---|---------|
| Deposit already paid on property | \$ | Owing on section or property | \$..... |
| Cash (in Bank, etc.) | \$ | H.P. on car at \$..... per week | \$..... |
| Investments (attach details) | \$ | H.P. on furniture at \$..... per week | \$..... |
| Section or
Property (Address) | \$ | Other liabilities (give details) e.g. credit cards..... | \$ |
| Furniture (value) | \$ | Rate's p.a. | \$..... |
| Motor vehicle (Model) | \$ | Houseowner's Insurance p.a. | \$..... |
| Other assets (give details) | \$ | Mortgages with: | |
| | \$ | Amount borrowed | \$..... |
| | \$ | Monthly repayments | \$..... |
| | | Other loans | \$..... |
| | | (Use another sheet of paper if needed) | |
23. Do you, or your partner have a credit card? NO / YES. If yes, please provide your credit card(s) name and credit limit(s)
.....
24. Have you, or has your partner, an interest in any other property and/or business? NO / YES Details are
25. Are the applicants New Zealand citizens or have permanent New Zealand residency Yes or No (circle one).

I hereby certify that all the information stated in this application is to the best of my knowledge true and correct.

Date: Signature